

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
9/382561
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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21						
22						
23						
24						
25						
26	X	X	X	X	X	X
27			X	X	X	X
28						
29						
30	X	X	X	X	X	X
31						
32						
33						
34						
35	X	X	X	X	X	X
36			X	X	X	X
37						
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48						
49						
50						
TOTAL IND.	1		2		2	
TOTAL DEP.	15		18		18	
TOTAL CLAIMS	16		20		20	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>09/382,561</u> APPLICANT(S) _____		FILING DATE _____					
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						61						
2		1					62						
3		1					63						
4		1					64						
5		1					65						
6		1					66						
7		1					67						
8		1					68						
9		1					69						
10		1					70						
11		1					71						
12		1					72						
13		1					73						
14		1					74						
15		1					75						
16		1					76						
17		1					77						
18		1					78						
19		1					79						
20			1		1		80						
21				1		1	81						
22				1		1	82						
23				1		1	83						
24				1		1	84						
25				1		1	85						
26				1		1	86						
27				1		1	87						
28				1		1	88						
29				1		1	89						
30				1		1	90						
31							91						
32							92						
33							93						
34						2	94						
35						1	95						
36						1	96						
37						1	97						
38						1	98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	1		1		1		TOTAL IND.						
TOTAL DEP.	19		10		19		TOTAL DEP.						
TOTAL CLAIMS	20		11		20		TOTAL CLAIMS						